PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/59/219

| CLAIMS AS FILED - PART I | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
|---|--|---|---------------------------|---|---------------------------------------|-------------------|------------------------|----------------------------|---------------------|------------------------|
| LLS NATIONAL STACE FEED | | | (Column | 1 1) | (Column 2) | RATE | | l i | | |
| U.S. NATIONAL STAGE FEES | | | | | | | FEE | ^ | RATE | FEE |
| BASIC FEE | | | | | RGE ENT. = \$ 300 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | (4) = \$50/\$100 \$ | | other situations = \$ 100 / \$ 200 | EXAM. FEE | 50 | | EXAM. FEE | |
| SEARCH FEE | | | I All other countries = I | | other situations = \$ 250 / \$ 500 | SEARCH FEE | 50 | | SEARCH FEE | ŧ |
| FEE FOR [†] EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | HP ' |
| TOTAL CHARGEABLE CLAIMS | | | 19 min | nus 20 = * | _ | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | l m | inus 3 = * | 8 | X \$ 100 = | 300 | OR | X \$ 200 = | |
| MUL | TIPLE DEPEND | DENT CLAIM PRE | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | SMALL E | | OR | OTHER SMALL E | NTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL A FEE | | | | | | | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | - | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | • | - | - () |
| | | umn 1 is less than the | | | | | | | | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.